



360 Main St. • Delta, Colorado 81416 • Phone (970) 874-7566 • Fax (970) 874-8776

MEMO

To: City Council, City Manager
From: Jolene Nelson, City Clerk
Date: November 12, 2010
Subject: Retail Liquor Store License Renewal for Peterson Liquors

Recommendation

Staff recommends approval of a retail liquor store license renewal for Peterson Liquors located at 455 W. 8th Street. The Police Department's report and recommendation is attached.

Background

The current liquor license expires December 2, 2010. Craig Triantos has held the license since 1997.

Cost

There is no cost to the City to renew this license. The applicant has paid the \$227.50 renewal fee to the State, and the City renewal fee of \$97.50 as well as the City's \$300 liquor occupation tax for a retail liquor store license.

Action to be Taken if Approved

The Mayor and Clerk will sign the renewal application, and the Clerk will mail it to the State, who will review the application and issue the State license.

Suggested Motion

I move to approve the retail liquor store license renewal for Peterson Liquors.



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LIQUOR LICENSE RENEWAL RECOMMENDATION

To: City Council

Re: Application of Triantos, Craig A.
DBA: Peterson Liquor

The report sheets show the following liquor violations for the past twelve months for the above named applicant:

No liquor violations in the past twelve months.

Remarks:

Police Department recommendation:

Recommend liquor license renewal.

Robert Thomas, Chief of Police

<input type="checkbox"/> NEW LICENSE <input type="checkbox"/> TRANSFER OF OWNERSHIP <input checked="" type="checkbox"/> LICENSE RENEWAL																																					
• ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN • APPLICANT MUST CHECK THE APPROPRIATE BOX(ES) • LOCAL LICENSE FEE \$ _____ • APPLICANT SHOULD OBTAIN A COPY OF THE COLORADO LIQUOR AND BEER CODE (Call 303-370-2165)																																					
1. Applicant is applying as a <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other																																					
2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation Fein Number _____ 94-1441660-0001																																					
2a. Trade Name of Establishment (DBA) State Sales Tax No. Business Telephone Peterson Liquor 12-39414-0000 970-874-4313																																					
3. Address of Premises (specify exact location of premises) 455 West 8th Street City Delta County Delta State Colo ZIP Code 81416																																					
4. Mailing Address (Number and Street) City or Town State ZIP Code 455 West 8th Street Delta Colo 81416																																					
5. If the premises currently have a liquor or beer license, you MUST answer the following questions: Present Trade Name of Establishment (DBA) Present State License No. Present Class of License Present Expiration Date Peterson Liquor _____ _____ Dec 2 2010																																					
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6. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>						
7. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state); (a) been denied an alcohol beverage license? <input type="checkbox"/> <input checked="" type="checkbox"/> (b) had an alcohol beverage license suspended or revoked? <input type="checkbox"/> <input checked="" type="checkbox"/> (c) had interest in another entity that had an alcohol beverage license suspended or revoked? <input type="checkbox"/> <input checked="" type="checkbox"/> If you answered yes to 7a, b or c, explain in detail on a separate sheet.							
8. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes," explain in detail. <input type="checkbox"/> <input checked="" type="checkbox"/>							
9. Are the premises to be licensed within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? <input type="checkbox"/> <input checked="" type="checkbox"/>							
10. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee. <input type="checkbox"/> <input type="checkbox"/>							
11. Does the Applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? <input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) <input checked="" type="checkbox"/> <input type="checkbox"/>							
a. If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 35%; padding: 2px;">Landlord</td> <td style="width: 35%; padding: 2px;">Tenant</td> <td style="width: 30%; padding: 2px;">Expires</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		Landlord	Tenant	Expires			
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Attach a diagram and outline or designate the area to be licensed (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11". (Doesn't have to be to scale)							
12. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business. Attach a separate sheet if necessary.							
NAME	DATE OF BIRTH	FEIN OR SSN	INTEREST				
<i>Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment; and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.</i>							
13. Optional Premises or Hotel and Restaurant Licenses with Optional Premises Has a local ordinance or resolution authorizing optional premises been adopted?			Yes No <input type="checkbox"/> <input type="checkbox"/>				
Number of separate Optional Premises areas requested. _____ (See License Fee Chart)							
14. Liquor Licensed Drug Store applicants, answer the following: (a) Does the applicant for a Liquor Licensed Drug Store have a license issued by the Colorado Board of Pharmacy? COPY MUST BE ATTACHED.			Yes No <input type="checkbox"/> <input type="checkbox"/>				
15. Club Liquor License applicants answer the following and attach: (a) Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? <input type="checkbox"/> <input type="checkbox"/> (b) Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain? <input type="checkbox"/> <input type="checkbox"/> (c) How long has the club been incorporated? <input type="checkbox"/> <input type="checkbox"/> (Three years required) _____ (d) Has applicant occupied an establishment for three years that was operated solely for the reasons stated above? <input type="checkbox"/> <input type="checkbox"/>							
16. Brew-Pub License or Vintner Restaurant Applicants answer the following: (a) Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)			Yes No <input type="checkbox"/> <input type="checkbox"/>				
17a. Name of Manager (for all on-premises applicants) _____ (If this is an application for a Hotel, Restaurant or Tavern License, the manager must also submit an Individual History Record (DR 8404-I).			Date of Birth <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
17b. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.			Yes No <input type="checkbox"/> <input type="checkbox"/>				
18. Tax Distraint Information. Does the applicant or any other person listed on this application and including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax distraint issued to them by the Colorado Department of Revenue? If yes, provide an explanation and include copies of any payment agreements.			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>				